PLEASE NOTE:

Applications must be submitted 15 days prior to the scheduled Planning Board meeting by NOON. Late submittals will be placed on the next month's agenda.

NON-CONFORMANCE

TOWN OF FARMINGTON Non-Conformance Expansion Application

(Please Type or Print)

Application Date:		Application Number: (office use)	NC
Name of Applicant:			
Mailing Address:		_	
Phone:	Email:		
Name of Property Owner:(If different from applicant)			
Property Owner's Address:(If different from applicant)			
Phone:	Email:		
PROPERTY INFORMATION			
Location of Property:			
Map: Lot:	Zone: _	Overlay Zone):

-	of Proposed Non-Connum national sheets if necessary)	ormance Expansion:
Reason for	Expansion:	
(attach additio	nal sheets if necessary)	
List below th	ne name and addresse	s of the owners of abutting property.
Map/Lot	Name	Address
Is any portion river? Yes		n 250 feet of the high water mark of a pond or
Within 250 f	eet of the upland edge	of a wetland? Yes/No
Within 75 fe	et of a perennial strea	n? Yes/No

Is any portion of the property within a special flood haz the Federal Emergency Management Agency? Yes/N	
Please submit a plan or sketch of this proposal (no sma	aller than 11" by 17").
By signing below, I, the applicant for a Non-Conforman acknowledge that I am herewith submitting a complete	•
Signature of Applicant	Date
Signature of Property Owner (if different from applicant)	Date